

216021784  
100526

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 063	Agency Case No. B6-047314	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 05/29/2016		TIME OF ACCIDENT 1810	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1813	05/30/2016	
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. O/33-32		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D	IF AT INTERSECTION		IF NOT AT INTERSECTION			
1	NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
V1/M	180.00		E CURB 32ND ST			
V2/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
01	MILES		N S E W	AND MILES		N S E W OF NEAREST CITY OR TOWN
E	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES		DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
1	1					
VEHICLE NO. 1						
F	DRIVER LICENSE NO.	H13844534		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/N	DRIVER AUSTIN M ROMINE		PHONE 8177892797		LOCAL NO.	
V2/N	DRIVER ADDRESS 340 A ST APT 2, STAPLEHURST, NE 68439		CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	01/24/1994
1	OWNER AUSTIN M ROMINE		PHONE 8177892797		LOCAL NO.	
G	OWNER ADDRESS 340 A ST APT 2, PO BOX 14, STAPLEHURST, NE 68439		CITY, STATE, ZIP		CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB518604
H	LICENSE PLATE PA NO.	16T44	YEAR 2017	STATE (Of Plate)	NE	
V1/O	VEHICLE 2002	MAKE Toyota	MODEL 4 RUNNER	BODY STYLE Medium/large	COLOR gray	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 1500
2	VEHICLE ID NO. (VIN)	JT3GN86R520235330		INSURANCE COMPANY		USAA
V2/O	TOWED TO	TOWED BY		POLICY NO.		01684 025 9C
2	VEHICLE NO. 2					
I	DRIVER LICENSE NO.	H13796794		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/P	DRIVER CARLOS D MENDOZA REGALADO		PHONE 4029759632		LOCAL NO.	
V2/P	DRIVER ADDRESS 152 N 32ND ST APT 25, LINCOLN, NE 68503		CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	02/16/1999
1	OWNER VICTOR M MENDOZA		PHONE 4029759632		LOCAL NO. 08-02-1977	
J	OWNER ADDRESS 152 N 32ND ST #25, LINCOLN, NE 68503		CITY, STATE, ZIP		CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> NO	CITATION NO.
V1/Q	LICENSE PLATE PA NO.	SET854	YEAR 2017	STATE (Of Plate)	NE	
V2/Q	VEHICLE 2004	MAKE Ford	MODEL EXPLORER	BODY STYLE Medium/large	COLOR silver / chrome	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 3000
4	VEHICLE ID NO. (VIN)	1FMZU73K64ZA56863		INSURANCE COMPANY		VIKING INSURANCE
K	TOWED TO	TOWED BY		POLICY NO.		274606953
01	VEHICLE NO. 3					
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX M F
1	AUSTIN M ROMINE	340 A ST, LINCOLN, NE 68439		01/24/1994	01 1 01 3 2	M
	LOCAL NO.	MEDICAL FACILITY NAME BryanLGH Medical Center West (Lincoln General)		EMS SERVICE NAME Lincoln Fire & Rescue	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	

INDICATE BY DIAGRAM WHAT HAPPENED

Indicate North by Arrow

**POI 1**  
**180 FT E OF E CURB 32ND ST**  
**8 FT S OF N CURB O ST**

**STREET WIDTH**  
**65 FT**

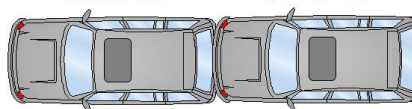
← 32ND ST

### O ST (WB LANES)

33RD ST

***Not To Scale***

Unit 2 Unit 1



D1 reported he was driving westbound on O St between 33rd and 32nd in the north lane of traffic. D1 said the vehicle in front of him (V2) slowed to turn into a private driveway. D1 said he could not stop in time and collided with V2. D1 made a statement similar to 'I think I was just following a little close'. D2 said he slowed to turn into a private driveway and was struck from behind by V1. D1 had a cut to his head. State accident forms provided.

PROPERTY	OBJECT DAMAGED				OWNER NAME				ADDRESS				PHONE				APPROX. COST OF DAMAGE <b>\$</b>			
	OBJECT DAMAGED				OWNER NAME				ADDRESS				PHONE				APPROX. COST OF DAMAGE <b>\$</b>			
WITNESSES	NAME								ADDRESS								PHONE			
	NAME								ADDRESS								PHONE			

VEHICLE MOVEMENT BEFORE COLLISION					POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS		VEH 1		VEH 2		VEH 3	
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME																			
1				X	O ST																			
2				X	O ST																			
1	01				06 Turning left																			
2	11				07 Making U-turn																			
					08 Entering traffic lane																			
					09 Leaving traffic lane																			
					10 Parked																			
					11 Slowing or stopped in traffic																			
					12 Other																			
					13 Unknown																			

**VEHICLE 1**

POINT OF IMPACT	01
MOST DAMAGED AREA	01

**VEHICLE 2**

POINT OF IMPACT	05
MOST DAMAGED AREA	05

**VEHICLE 3**

POINT OF IMPACT	05
MOST DAMAGED AREA	05

**VEHICLE 1**

4			

1 Deployed - front  
2 Deployed - side  
3 Deployed - both front/side  
4 Not deployed  
5 Not applicable/  
No airbag available  
6 Unknown

**VEHICLE 2**

4			

**VEHICLE 3**

2			

1 None used - vehicle occupant  
2 Lap & shoulder belt used  
3 Shoulder belt only used  
4 Lap belt only used  
5 Child safety seat used  
6 Child booster seat used  
7 DOT approved helmet used  
8 Costume helmet used  
9 Restraint use unknown

**VEHICLE 1**

2			

**VEHICLE 2**

2			

**VEHICLE 3**

2			

**VEHICLE 1**

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**VEHICLE 2**

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